City of Ironwood 213 S. Marquette St. Ironwood, MI 49938



Phone: (906) 932-5050 Fax: (906) 932-5745 www.cityofironwood.org

City of Ironwood Direct Bill Paying Authorization Form

Direct Bill Paying for Utility Bills

I hereby authorize the City of Ironwood Utility Department to initalate withdrawls from my account at the financial institution named in this application for payment of my monthly utility bill. This authorization will remain valid until either I, or the City of Ironwood, or my financial institution revoke it.

I can suspend payment of a monthly bill by notifying the City of Ironwood at any time prior to 4:00 p.m. three business days before the payment is scheduled to be deducted from my account.

I understand that the Direct Payment Program is an alternative method of payment only and does not affect my rights or the rights of the City of Ironwood or my financial institution with respect to each other. I further understand that the City of Ironwood and my financial institution reserve the right to terminate the Direct Payment plan and or my participation in it. If I wish to discontinue my participation in the Direct Payment Plan, I may do so by notifying the City of Ironwood.

Authorized Account Holder Signature	Date	
oint Account Holder Signature		
Please attach a copy of a voided check fr	om your bank account	
Cycle	Account Address	
Cycle	Account had too	_



